

SEXUAL ABUSE AND MOLESTATION SUPPLEMENTAL APPLICATION

I. APPLICANT INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a policy will be issued.
2. Requested coverage is not automatically provided. The policy, if issued, will determine actual coverage.
3. Provide a fully completed application, signed, and dated by the owner, partner, or other individual authorized to bind the Applicant. All questions must be answered, if more space is needed, continue with a separate sheet, and indicate the question number.
4. If a question does not apply, write "N/A" or "None" in the space provided.

II. QUESTIONNAIRE

1. Legal Name of Applicant:

2. Current Sexual Abuse and Molestation Limits:

- \$100,000 / \$300,000
- \$250,000 / \$500,000
- \$250,000 / \$750,000
- \$1,000,000 / \$1,000,000
- Other (*specify value or write "none"*):

3. Do you have written policies and procedures regarding sexual abuse and molestation? Yes No

a. If **YES**, please attach copies of all policies and procedures, including training materials, with this application.

b. If **NO**, will you prepare and implement written policies and procedures regarding sexual abuse and molestation within 30 days of binding? Yes No

4. Does the Applicant have written hiring/screening and credentialing policies and procedures for all individuals associated with or practicing on behalf of the Applicant? Yes No

5. Please indicate all of the hiring/screening procedures used for all individuals associated or practicing on behalf of the Applicant:

- a. Verification of educational background, or residency program, when applicable. Yes No
- b. Verification of previous employment history. Yes No
- c. Verification of personal references. Yes No

d. Criminal background check(s): **County** **State** **Federal** **Sexual Abuse Registry**

- e. Require information on any allegations of sexual abuse and molestation previously made against an individual. Yes No
- f. Require information on any professional liability or work-related claims that have that have previously been made against the individual. Yes No
- g. Substance Abuse Screening. Yes No
- h. Verification of any pending license suspensions or revocations, or any pending disciplinary actions? Yes No

6. If applicable, does the Applicant use video surveillance? Yes No

If **YES**, please explain in detail:

7. What security measures are used to control unauthorized entrances and exits from the premises?

8. Does the Applicant accept patients, clients, or residents who are considered a threat to themselves or others? Yes No

9. Has the Applicant or any individual proposed for this insurance ever been charged with or convicted of a crime other than minor traffic violation? Yes No

If **YES**, please explain in detail:

10. Has the Applicant or any individual proposed for this insurance ever been diagnosed or treated for alcoholism, drug addiction, any chemical dependency, or mental illness? Yes No

If **YES**, please explain in detail:

11. Has any sexual abuse and molestation claim, incident, or any other allegation of sexual misconduct, abuse, or sexual harassment ever been made against the entity or any of its employees, volunteers, or other individuals acting on behalf of the Applicant? Yes No

If **YES**, please explain in detail, completing a supplemental claim form for each.

12. Is the Applicant or any individual proposed for this insurance aware of any circumstance claim, act, error, omission, incident, or records request from any attorney, which may result in a claim or suit? Yes No

If **YES**, please explain in detail, completing a supplemental claim form for each.

13. Is the Applicant or any individual proposed for this insurance aware of any known incidents, losses, or claims that **have not been reported** to the Applicant's current or prior insurer or any source from which payment might be made in relation with the aforementioned known incidents, losses, or claims? Yes No

If **YES**, please explain in detail, completing a supplemental claim form for each.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:

Date:

Signature of person authorized to execute on behalf of the Applicant:

Print name and title of person **authorized to execute** on behalf of the Applicant

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

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Signature of person authorized to execute on on behalf of the Applicant: _____

Print name and title of person **authorized to execute** on behalf of the Applicant. _____

Date: _____